APPENDIX B

EPSDT STANDARDS AND TRACKING FORMS



AHCCCS EPSDT TRACKING FORMS

The AHCCCS EPSDT Tracking Forms must be used by providers to document all age-specific, required information related to EPSDT screenings and visits. Only the AHCCCS forms may be used; paper form substitutes are not acceptable. If Provider chooses to utilize an electronic EPSDT form, this electronic substitute will be acceptable provided the following conditions are met:

- 1. Provider's electronic form includes all fields that are present on the AHCCCS EPSDT form.
- 2. In the future AHCCCS may create an electronic EPSDT form. In that event, provider agrees to convert to AHCCCS electronic EPSDT form.

AHCCCS Contractors are required to make these forms available to their contracted providers. Interested persons may refer to Chapter 400 in this Manual for a discussion of EPSDT responsibilities and services.

A copy of the completed form signed by the clinician should be placed in the member's medical record.

<u>If the member is enrolled with an AHCCCS Contractor</u>, a copy of the completed and signed form must be sent to that Contractor.

<u>If the patient is an AHCCCS fee-for-service member (e.g., enrolled in Indian Health Services)</u>, the provider should maintain a copy of the EPSDT tracking form in the medical record, but does not need to send a copy elsewhere.

AHCCCS Contractors and AHCCCS medical providers may reproduce the EPSDT forms as needed. All others may reproduce the forms with permission of the Arizona Health Care Cost Containment System. Written requests for the Tracking Forms may be directed to:

AHCCCS
Division of Health Care Management
CQM/Maternal and Child Health
701 E. Jefferson, Mail Drop 6500
Phoenix, AZ 85034
(602) 417-4410

NOTE: The Centers for Medicare and Medicaid Services require AHCCCS to provide specified services to our EPSDT population. These EPSDT Tracking Forms have been designed to ensure that needed services are performed, and that our members are provided an opportunity to receive preventive care. Please do NOT alter or amend these forms in <u>any</u> way without discussion with our Maternal and Child Health Manager at the address above.

Contact information for AHCCCS' subcontracted health care plans may be found at www.ahcccs.state.az.us.

Revised: 11/01/2007, 01/01/2004, 11/01/2003, 06/01/2003

Effective: 07/01/2001

note $\Box Yes$ $\Box No$

1											
Date La	st Name			First N	ame		AHCCCS ID	#	DO	OB	Age
	ĺ		1			1			ĺ		
Primary Care Prov	ider	PCP ph. #		Health P	lan	Accom	panied by (na	ime)		Relation	ship
NICU: □ yes □ no	PEDS : ☐ no	PEDS Path	hway:	Allergi	ies:			Temp	:	Pulse:	Resp:
Medications:		•	Birth	ı wt:	Wt:	%	Length:	%	Hea	ad cire:	%
Hospital Newborn I Second Newborn H	Hearing Screen: learing Screen (if	☐ ABR ☐ OAE: 2 nd needed/con	: Rt. npleted	ear □ pa:	ss □ refer		□ pass □ refers L		Unkno pass [Unknown
PARENTAL CONCI									•		
NUTRITIONAL SCI Adequate intake DEVELOPMENTAL AGE APPROPRIAT bonding Bottle interperature Share BEHAVIORAL HEAP positively to child	SCREEN: XIND TE EDUCATION A prop Passive aken baby preve ALTH SCREEN:	AND GUIDANCE smoke Sup ntion Guns INDICATES OBS	E:X INDEPENDENT OF THE PROPERTY OF THE PROPERT	Support: Red	olements: coting refle guidance gr elp? Infa	ex Startle Super S	e Suck & oine sleep uhat to do?	Car seat ☐ Safe ustment	/rear bathi /pare	facing ng/water nt respond	ls
COMPREHNSIV	-		, _ 	<u></u>	<u> </u>			., 5011 04	<u>-</u>	<u> </u>	
	WNL	Abnormal ((see note	es below)			WNL	Abn	orma	l (see notes	below)
Skin/Hair/Nails					Lung						
Eyes/Vision					Abdo	omen					
Ear						tourinary					
Mouth/Throat/Tee	th					emities					
Nose/Head/Neck					Spin						
Heart					Neur	ological					
ASSESSMENT/P	<u>'LAN/FOLLO'</u>	<u>W UP</u>									
		rdered □ 2 nd N				-					
LABS ORDERED: IMMUNIZATIONS:	X INDICATES O	$\begin{array}{c} \textbf{RDERED} \ \square \ 2^{\text{nd}} \ \textbf{N} \\ \textbf{DRDERED} \ \square \ 1^{\text{st}} \ \textbf{H} \\ \textbf{I initiated} \ \square \ \textbf{D} \end{array}$	Iepatiti	s B vacc	ine date:		☐ Pt. Nee	ds immu		ion today	

Clinician Signature

Date/Time Clinician name (print)

1 Month Old						AHCC	CS EPS	SDT Track	ing Form
Date Las	st Name		First N	ame	-	AHCCCS II) #	DOB	Age
Primary Care Provi	der Po	CP ph. #	Health P	lan	Accom	panied by (n	ame)	Relation	ship
NICU:	PEDS:	PEDS Pathway	Allerg	ies:			Temp:	Pulse:	Resp:
	□ yes □ no	12251401743			_	_	1000.00	2 02501	Попри
Medications:		Bir	th wt:	Wt:	%	Length:	%	Head circ:	%
Hospital Newborn H			t. ear □ pa			□ pass □ ref	fer □ Un	ıknown	
Second Newborn He PARENTAL CONCE							Lt. ear	pass 🗆 refer 🏻	Unknown
NUTRITIONAL SCE Cereal Adequate DEVELOPMENTAL eyes Awake for AGE APPROPRIATE bonding Bottle p prevention Passi BEHAVIORAL HEA positively to child	SCREEN: SINDICA 1 hour stretches E EDUCATION ANI OTOP Support/who ve smoke Emer LTH SCREEN: SI	lements: TES ACCOMPLISHMI Beginning Tum O GUIDANCE: \(\bar{\text{\texi}\text{\text{\texit{\text{\text{\text{\texi}\text{\text{\texicl{\text{\text{\text{\texi}\text{\texit{\texit{\	ENT: Res my Time NDICATES (fant crying safety D BY CLINIC	ponds to s Play Ot GUIDANCE G g/what to c Other MAN/PARENT	ounds Roher IVEN: Supplies Safe	pine sleep bathing/wa Family Adj	Car seat/ter tempe	rear facing □ rature □ Shak	Infant en baby
COMPREHENSI									
Skin/Hair/Nails	WNL	Abnormal (see r	otes belo			WNL	Abno	ormal (see not	es below)
				Lun	gs lomen				
Eyes/Vision									
Ear	1.				itourinary				
Mouth/Throat/Teet Nose/Head/Neck	11				remities				
Heart				Spii Nei	rological				
ASSESSMENT/PI									
LABS ORDERED:	X INDICATES ORDE								
IMMUNIZATIONS:	record initiated Other reason	ERED 1 st Hepatit 2 nd Hepatitis E	vaccine o	date:		_ □ Delay	ed/Deferr	red Paren	t refuses
REFERRALS:	X INDICATES REFE								opmental
								See Additional	Supervisory

note $\Box Yes \ \Box No$

Clinician name (print)

2 Months Old						AHCC	CS EPS	SDT Track	ing Form
1 1			1					1	
Data	ast Name		First N	· · · · · · · · · · · · · · · · · · ·		AHCCCS II	. #	DOB	A
Date La	ast Name		FIRST N	ame		AHCCCS II)#	DOR	Age
Primary Care Pro	vider P	CP ph. #	Health P	lan	Accom	panied by (n	ame)	Relation	ship
	T	T					_		T_
NICU: □ ves □ no	PEDS: □ ves □ no	PEDS Pathwa	y: Allergi	ies:			Temp:	Pulse:	Resp:
☐ yes ☐ no Medications:	□ yes □ no	R	irth wt:	Wt:	%	Length:	%	Head circ:	%
wicalcations.		D	11 111 111 1	****	70	Length.	70	nead ene.	/0
Risk indicators of	hearing loss: □ yes	s 🗆 no							
Hospital Newborn	Hearing Screen: \square	ABR □ OAE: 1	Rt. ear 🗆 pa			\square pass \square ref			
Second Newborn I	Hearing Screen (if 2 ^r	^{1d} needed/comple	eted): 🗆 ABR	l □ OAE: Rt	. ear 🗌 pas	ss 🗆 refer	Lt. ear	pass □ refer □	Unknown
PARENTAL CONC	ERNS/HISTORY:								
NUTDITIONAL SC	CREEN: X INDICATE	S CHIDANCE CIVEN	J. □ Rreact	fed. □ Form	mula				
	uate intake Supp		. Dicast						
	L SCREEN: X INDICA		MENT: Son	ne Head Co	ntrol C	oos habbles	. □ Make	s Eve Contac	<u> </u>
	with eyes \square Begins in								
	s at loud noises \Box		vement and	ruciui expi	Costons =	Tulling 11	ine/ ints	nedd, neek wi	in for cu riii
	FE EDUCATION AND		INDICATES (ZUIDANCE CIV	/FN• □ Sun	ine sleen □	Car seat/	rear facing [Infant
	prop □ Support/w								
	ifiers \square Passive sm								cii baby
	ALTH SCREEN: X II								nocitively
	th of time infant cri					•	-	-	
interacting with o			as to moun	y son canni	ing - Enc.	ouruge moru			Linjoys
•									
COMPREHENS	IVE PHYSICAL			`			1 4 7	• .	
Skin/Hair/Nails	WNL	Abnormal (see	notes belo			WNL	Abno	ormal (see no	tes below)
				Lung					
Eyes/Vision				Abdo					
Ear Mouth/Throat/Tee	n+1n				tourinary emities				
Nose/Head/Neck	eun			Spine					
Heart					ological				
Ticart				INCUI	ological				
ASSESSMENT/I	PLAN/FOLLOW	UP							
T . ma O==		_ rnd -							
LABS ORDERED:	X INDICATES OF	RDERED 2 nd Ne	wborn scree	ening (if need	led) 🗆 Othe	er			
IMMUNIZATIONS	ш : : : : : : : : : : : : : : : : : : :			•		layed/Defer		Parent refuses	□ Other
	reason 🗆 Hepat	itis B 🗆 DTa	P 🗆 Hil	b □ IPV	□ PCV	∕ □ Rotavi	irus 🗆 C	Other	
REFERRALS:	X INDICATES REFER	RED CRS V	VIC 🗆 AL'	TCS □ PT	□ОТ	☐ Speech ☐	AzEIP/D	DD Devel	opmental
	☐ Behavioral ☐ H					-			•
		•	<u> </u>	•					

Clinician name (print) Date/Time Revised November 1, 2007

4 Months	Old						AH	CCCS	EPSI	TC	Trackin	g Fo	orm
Date	L	ast Name		First N	ame		AI	ICCCS II	D #	DO)B	Age	
l		l		ı		1					1	_	
Primary Care	e Provi	der PC	CP ph. #	Health	Plan	Aco	compan	ied by (na	me)		Relation	ship	
J			F ::										
NICU: □ yes □ 1		PEDS : □ yes □ no	PEDS Pathway:	Birth Wt:	Allergi	ies:			Tem	p:	Pulse:	Res	p:
Risk indicator		earing loss:	Medications:			Wt:	%	Length	: %	Ò	Head circ	: '	%
□ yes □ no													
PARENTAL C	CONCE	RNS/HISTORY:											
☐ Cereal ☐ ☐ Soda/Juice DEVELOPME ☐ Pushes up feet on surface AGE APPROI prop ☐ Supp ☐ Establish d	Plan to Ad	o introduce solids equate intake SCREEN: XINDICA rms Controls he cooks at you with a EDUCATION ANI to can help? Infortines/infant regu	Supplements: TES ACCOMPLISHMENT ad well □ Reache Eyes □ Other D GUIDANCE: X IN Fant crying/what to clation □ Establish	NTS Babbles for objects DICATES GUID O do? Safe	es and control Interestance Giving bathing/leep rout	oos	seat/reanperatu	ges □ Pu ar facing are □ Sha	shes o ☐ Emaken b	lown ergei aby 1	n with legs ncy 911 Deprevention	whe Bota	tle
			ve smoke \square Paren										
			DICATES OBSERVED				Family A	Adjustme	nt/Par	ent i	responds p	ositi	vely
•	_		es \square Infant hands			_	iles wh	en hears	parent	s' vo	oice 🗆 En	coura	ige
holding \square Ea	asily d	istracted/exciteme	ent of discovery of	outside wor	ld 🗆 Ot	her							
COMPREH	ENSI	VE PHYSICAL 1	EXAM:										
		WNL	Abnormal (see no	otes below)			W	'NL A	bnor	mal	(see notes	s belo	w)
Skin/Hair/Na	ails	,,,,,,	(200		Lungs			- ,			(2000)		
Eyes/Vision					Abdoi	nen							
Ear					Genito	ourinary							
Mouth/Throa	at/Teet	h			Extre	nities							
Nose/Head/N	Veck				Spine								
Heart					Neuro	logical							
ASSESSME	NT/PI	LAN/FOLLOW	<u>UP</u>										
LABS ORDER	RED:	X INDICATES ORD	ERED										
IMMUNIZATI		_	ERED D Pt. Needs:	immunizatio	n todav	□ De	elaved/I	Deferred	F	Paren	nt refuses	∩	ther
		reason Hepa					•	Rotaviru					
REFERRALS:			red CRS WIGHT						Speech	ı 🗆	AzEIP/ D	DD	
									Se	e Ad	ditional Su	pervis	sory
Date/Time	Clinic	cian name (print)		Clinic	ian Signa	ture					e □Yes		,

6 Month	ns Old						AH	CCCS 1	EPSDT	Trackir	ng Form
				771			200 "		200		
Date	La	st Name		First Na	ame	1	AHCO	CCS ID #	J	DOB	Age
											
Primary C	are Provid	ler PO	C P ph. #	Health	Plan A	ccompa	nied	by (name)	Relation	iship
NICU:	PEDS:		PEDS	Birth Wt:	Allergies:				Temp:	Pulse:	Resp:
□ yes	□yes □	no	Pathway:								
□ no Risk indica	ators of he	aring loss:	Medications:		W	t:	%	Length	%	Head ci	rc: %
□ yes □		g 1055			''		, •	Zvingeni	, ,	110000	,,
PARENTA	L CONCER	RNS/HISTORY:	1		J						
□ Rice of DEVELO □ Vocal AGE API □ Sun sa □ Teethin □ Other	pereal □ S PMENTAL imitation PROPRIAT fety □ Bab ng/tooth b	olids Soda/Jui SCREEN: Inde Sits with supp E EDUCATION A by proofing Crushing Sleep/	S GUIDANCE GIVEN: LICE Supplements: CATES ACCOMPLISHMENT OF EXPLORES WITH ND GUIDANCE: IN LICENSE IN IN LIC	NTS "Dac n hands and dicates gui Introduce nt reads to c	da, baba" bab mouth □ Pe DANCE GIVEN: e board book child □ Refr	bbles beek-a-be	Roll po/pat vning hing n jum	s over tty cake prevention Introdu	□ Other on □ Eme uce cup alker □ □	ergency 91	1 smoke g high chai
tone of v	roice 🗆 En	ge holding ☐ Se ijoys social play TE PHYSICAL		of strangers	s □ Recogniz	zes fam	iliar p	people [Distingu	aishes emo	tions by
		WNL	Abnormal (see no	tes below)			W	NL A	bnorma	al (see note	s below)
kin/Hair/I Eyes/Visio					Lungs Abdomen						
ar	11				Genitourin						
	oat/Teeth				Extremitie						
lose/Head					Spine						
leart					Neurologi	ical					
LABS ORI Immuniza	ATIONS:	reason □ Hepa	ERED Pt. Needs in atitis B DTaP	□ Hib	□ IPV	□ РС	Ÿ □	Influenza	ı □ Rota	ent refuses avirus	Other
REFERRA	LS:		tal Behavioral D								
Date/Time	Clinici	an name (print)		Clinic	ian Signature					ditional Sup ote □ Yes	

Primary Care Provid	st Name	Ī					Tracking H	OIII
Primary Care Provid	st Name			1		I	1	
Primary Care Provid	ist i tuille	First Na	me	AHCC	CS ID#	DC)R A	ge
·				1111000		20		·s·
•					,			
NICU:	der P	CP ph. # Health P	'lan Accom	panied by	y (name)		Relationsh	iip
	PEDS:	PEDS Birth Wt:	Allergies:		1	Temp:	Pulse:	Resp
□ yes □ no □	□ yes □ no	Pathway:	.	1				
Risk indicators of he	aring loss:	Medications:	Wt:	%	Length:	%	Head circ:	%
☐ yes ☐ no PARENTAL CONCEI								
	'	X INDICATES GUIDANCE GIVEN: At	•	(if yes, a b	olood lead	test is requ	ired)	
ORAL SCREENING: [2	X INDICATES GUII	DANCE GIVEN: Brushing teeth	☐ White spots on t	eeth				_
NUTRITIONAL SCRE	EN: X INDICATES	s guidance given: ☐ Adequate int	ake 🗆 Breast fed	☐ Form	ula:			
☐ Soda/Juice ☐ Sol								
		oes from sitting to all fours						
		estures for attention Explores)ther
		D GUIDANCE: X INDICATES GUIDA				_	•	
•		ar seat/rear facing □ Sleep/wak □ Redirection/positive parenting	•	_				000/r
_	_	y Parent communicates to ch	•	_			te 🗆 Langua	ige/It
		INDICATES OBSERVED BY CLINICIAN/I					responds po	sitiv
		If calming Growing Independ						
orimary care giver lea	aves 🗆 Other		_					
COMPREHENSIV	E PHYSICAL	EXAM:						
	WNL	Abnormal (see notes below)		WNL	Abr	normal (see notes be	low)
Skin/Hair/Nails			Lungs					
Eyes/Vision			Abdomen					
Ear To a To a large			Genitourinary					
Mouth/Throat/Teeth			Extremities					
Nose/Head/Neck			Spine					
Heart ASSESSMENT/PLA	AN/EOLI OW	TID	Neurological					

12 Months	Ole	d		1			AHC	CCS EP	SDT T	racking	Form
Date L	ast N	ama		First	Nome		AHCC	26 ID #		ОВ	A go
Date L	asi IN	ame		FIISt	Name		Ancci	.S ID #	D	ОВ	Age
						<u> </u>				<u> </u>	
Primary Care	Pro	vider l	PCP ph. #	Healt	h Plan	Accom	panied by	y (name)		Relation	ship
NICU: □ yes □ 1	10	PEDS: ☐ yes ☐ no	PEDS Pathway:	Birth Wt:	Allergi	es:			Temp:	Pulse:	Resp:
Risk indicator ☐ yes ☐ no	s of		Medications:		<u>'</u>	Wt:	%	Length:	%	Head ci	rc: %
PARENTAL (ONC	ERNS/HISTORY:									
DENTAL SCO	EEN	X INDICATES CHIP	ance given: □ Dail	ly tooth brus	hino □ Fi	st dental	appointr	ment Whit	e snots o	n teeth □ v	es 🗆 no
			TES GUIDANCE GIVEN:				арроппп	iiciit vviiit	c spots of	т ссит 🗆 у	es 🗆 IIO
		Solids:		_ Dicast ic	u - I omi						
□ Supplemen		Bonus.			□ So	da □ Juio	ce				
DEVELOPME Scribbles dressing P AGE APPROI	NTAI Pre oint	cise pincer grasp to/label pictures FE EDUCATION A assive smoke	CATES ACCOMPLISHM ☐ Follows simple ☐ Plays: hides obje ND GUIDANCE: X Car seat safety/20#	one step recept/pushes based indicates guest's AND 1 years.	steps :: uests :: L L L L L L L L L L	Mama" " books for d forth □ n: □ Dro ard facing	dada" sp hidden of Other owning pr g \(\subseteq Weat	bjects □ E revention ning plan/1	xtends ar ☐ Emerge milk intak	m/leg for ency 911	
			d 's lead in play \Box l								
			INDICATES OBSERVED ORITHMANY CARE GIVER				•		arent resp	onds pos	itively
COMPREH	ENS	IVE PHYSICAI	LEXAM:								
		WNL	Abnormal (see no	otes below)			WN	IL Abn	ormal (se	ee notes belo	ow)
Skin/Hair/Na	ils	,,,,,	110110111141 (See III	sees below)	Lungs		7,72	1101	OTTIMI (BC	e notes ber	, , , , , , , , , , , , , , , , , , ,
Eyes/Vision					Abdor	nen					
Ear					Genito	urinary					
Mouth/Throa	t/Tee	eth			Extren	nities					
Nose/Head/N	leck				Spine	(scoliosi:	s)				
Heart					Neuro	logical					
ASSESSME	<u>NT/I</u>	PLAN/FOLLOW	<u>/ UP:</u>								
LABS ORDER	ED:	X INDICATES (ORDERED Blood I	Lead Test (pe	erform at 12	months)	∃.TB skin	test (if at r	risk) 🗆 Oth	ner	
IMMUNIZATI	ONS	X INDICATES C	ORDERED Pt. Need Had chicken pox Influenza	ds immuniza	tion today	□ Dela	yed/Defe	rred 🗆 Par	rent refus	es 🗆 Otl	
REFERRALS:		X INDICATES I	REFERRED CRS velopmental Beh						-		
Date/Time	Clin	ician name (print)		Clir	ician Signa	ure				tional Supe	

Revised November 1, 2007

15 Months	Ole	l						AH	CCCS	EPSI	T	Trackir	ng F	orm
Date	Las	t Name			Fi	rst Name		AHCCC	S ID#		DC)B	Age	
İ		1			l		ı					l		
Primary Care	Prov	rider PC	CP pl	h. #	Н	ealth Plan	Accom	panied by	(name)			Relations	ship	
						<u>-</u>								
NICU: □ yes □ no	•	PEDS: □ yes □ no	PE	DS Pathway:		Birth Wt:	Allergio	es:		Temp):	Pulse:	Res	sp:
Risk indicator □ yes □ no	s of l	nearing loss:		Medications	:		Wt:	%	Length:	%		Head cir	·c	%
PADENTAL C	ONC	ERNS/HISTORY:		1				1						
VERBAL LEA	n Ri	SK ASSESSMENT:\(\bar{\lambda}\)	avi B	ICATES GUIDANG	CE G	uven: At risk	ves □ n	o (if yes	s a blood le	ead test	is re	auired)		
		NG: X INDICATES GU					<u> </u>							
NUTRITIONAL food Soda/ Solids DEVELOPMEN words from container and AGE APPROP safety Car Manage gro	NTAI Onve take RIAT seat	CREEN: X INDICATES COVER WEIGHT COVER WEIGHT CONTROL GUII Act TES A one containe O GU Siant	DANCE GIVEN: ivity Supple CCOMPLISHMEN olor Unders r Other IDANCE: X IND Gentle limit se behavior F	Feemonts:	Says 3-6 valds simple contacts GUIDANCE of g/redirection/sow child's lead	vords S mands GIVEN: I afety I in play	hole milk Says No Climbs s Drowning Reading/p	Wide ratairs Were went to barent ask	ionally unge of alking on □ E s child	emer Imer	otions Duts object gency 91 hat's that's	Repetts in	eats un other	
to child \square En	cour	age holding Selfon/eye contact/comf	calr	ning Frustr	atic	n/hitting/bitin	g/impulse	e control	□ Comm	-				•
UUCOMPRI	EHE	NSIVE PHYSICA	LE	XAM:										
		WNL	Abn	ormal (see no	tes	below)		V	VNL A	Abnori	mal	(see note	s bel	ow)
Skin/Hair/Nai	ils					Lu	ngs							
Eyes/Vision						Ab	domen							
Ear						Ge	nitourina	ry						
Mouth/Throat	/Tee	eth				Ex	remities							
Nose/Head/N	eck					Sp	ne							
Heart						Ne	urologica	ıl						
LABS ORDER IMMUNIZATIO	ED:		RED ERED	☐ Pt. Needs in	mm	unization toda							other	
REFERRALS:		reason ☐ Histor	y of ienza	chicken pox [a	□ H	epA □ HepB	□ MM	R 🗆 Va	ricella 🗆	DTaP		Hib □ l	IPV	
KEFEKKALS:		X INDICATES REFERI ☐ Developmental								-		AZEIP/D.	עע	
										S	ee A	dditional S	Superv	visorv

note $\Box Yes \Box No$

Revised November 1, 2007

Clinician name (print)

18 Mor	nths Old							AHO	CCCS E	PSDT T	Frackin	g Fo	rm
Date	Las	t Name		Fir	st Name			AHCCC	S ID#	D	OB	Age	;
Ī													
Primary	Care Provi	ider	PCP ph. #	He	alth Plan	1	Acc	ompanie	d by (nam	e)	Relation	ship	
NICU:		DS:	PEDS Pathway:	A	Allergies:					Temp:	Pulse:	Re	esp:
	□no □y	yes □ no earing loss:	Madiastiana	_	D:4L	Wt:		%	T and makes	%	Head cir		0/
□ yes □		earing ioss:	Medications:		Birth Wt:	w:		%0	Length:	%0	Head CI	rc:	%
_ ,													
PARENTA	AL CONCE	ERNS/HISTOR	Y:					1	_				
VERBAL	LEAD RIS	SK ASSESSME	NT:X INDICATES GUIDA	ANCE	GIVEN: A	at risk □ yes	□ no						
DENTAL	SCREEN:	X INDICATES G	uidance given: 🗆 Brus	shing	g daily [□ 1 st Dental ap	poin	tment 🗆	White sp	ots on tee	th		
NUTRITI	ONAL SCI	REEN: X INDIC	CATES GUIDANCE GIVEN:	□B	reast fed	l/whole milk	□ Fee	eds self	□ Nutritio	nally bala	anced diet		
☐ Junk fo	ood □ Sod	la/Juice □ Ov	ver weight Activity	y 🗆 S	Supplem	ents							
DEVELO	PMENTAL	SCREEN: X II	NDICATES ACCOMPLISHM	IENTS	□ Uses	a cup 🗆 Wa	lks [☐ Says 1	0-20 word	ds □ Says	"No" □ N	Jame	one
			ple rules/bring me the										
			N AND GUIDANCE:X										
-			ild □ Dental caries p lever leave toddler ale			-						a of	
	Offer Chin	u choices 🗆 N	level leave toddiel al	OHE	□ Glow.	ing maepenae	псе	_ Elicou	rage expr	2881011 01	wide rang	C 01	
		LTH SCREEN	X INDICATES OBSERVE	D BY	CLINICIAN	/PARENT REPOR	T: □ l	Family a	djustment	/parent re	sponds po	sitiv	ely
			Self calming \square Frus						Commun	nication/la	inguage		
□ Demor	nstrates inc	creasing inde	pendence Begins to	o sho	ow defia	nt behavior	Oth	er					
COMPR	REHENSI	VE PHYSIC	AL EXAM:										
		WNI	L Abnormal (see	note	s below)			W	NL Al	onormal ((see notes	belo	w)
Skin/Hai						Lungs							
Eyes/Vis	510n					Abdomen							
Ear Mouth/T	hroat/Teet	h				Genitouri Extremiti							
Nose/He		.11				Spine	CS						
Heart	ad/11cck					Neurolog	ical						
						Titeurolog	icui	ļ	Ļ				
ASSESS	MENT/P.	LAN/FOLL	JW UP										
T 0													
LABS OR			ordered □ TB skin			Other \square							
IMMUNIZ	ZATIONS:	_	ordered \square Pt. Needs			•						r rea	son
			of chicken pox	pΑ	☐ HepB		□Vaı	ricella	□ DTaP	□ Hib	\Box IPV		
Dress	A T. CI:		Influenza Other	<u> </u>			OT	A 1'	1	1 1 =	A DID/P	DE	
REFERRA	ALS:	_	REFERRED CRS V							-	AzEIP/D	מט	
		⊔ Developn	nental Behavioral	⊔ט	епіаі 🗆	Early Head S	ıarı	_ spec1a	ny ⊔ Oth	ег			
										See A	dditional Su	iperv	isorv
Date/Time	e Clinic	cian name (pri	nt)		Clin	ician Signature					e □Yes [

24 Months (Old				A	HCC	CS E	EPSDT	Trackii	ng Fo	orm
Data	ast Name		First Name		ATIC	CCCI	D #	D/	OB	1 ~~	
Date I	ast Name		First Name	i	AHC	CCS I	D#	יע	OB	Age	
Primary Care	Provider	PCP ph. #	Health Plan	Accom	panied	by (na	me)		Relatio	nship)
NICU:	PEDS:	PEDS Pathway:	Allergies	<u> </u>				Temp:	Pulse:	Res	sp:
□ yes □ no	□ yes □ no	•						•			•
Risk indicators	s of hearing loss:	Medications:		Birth Wt:	Wt:	%	Ht:	%	Head c	irc:	%
□ yes □ no	_										
PARENTAL CO	NCERNS/HISTORY	······································					•			•	
		- '									
DENTAL SCREE	EN: X INDICATES GU	IDANCE GIVEN: Brus	hing/flossing	by parent) \Box 1	l st Dental	appoi	ntmen	t 🗆 White	e spots on	teeth	<u> </u>
		ATES GUIDANCE GIVEN:									
	☐ Activity ☐ Sup		_ recus sen _	ridulidonally	outunee	a arec	_ Jun	K 1000 =	10000/301	CC	
		NDICATES ACCOMPLISH	ments:□ Kicks	a ball □ stack	s 5-6 blo	ocks 🗆	20 wo	rd vocab	ulary 🗆 V	Valks	up
		s needs in 2-4 word s									T
		AND GUIDANCE: X					es \square D	rowning	prevention	n	
		□ Nutrition/exercise									
		Learns 5-6 words e									
milk"/"red or b	lue shirt" □ Praise	e for effort/success \square	Establish dail	y routine 🗆 E	ncourag	e/supp	ort wi	de range (of emotio	ns	
☐ Trike/bike sa	fety Other										
BEHAVIORAL I	HEALTH SCREEN:	X INDICATES OBSERVE	D BY CLINICIAN/F	ARENT REPORT:	□ Fami	ly adju	ıstmer	nt/parent i	responds	positi	vely
		Self calming Frust				□ Co	mmun	ication/la	inguage [Sen	se of
humor \square Demo	onstrates increasin	ig independence □ P	Plays alongside	peers \square Otl	her						
COMPREHEN	NSIVE PHYSICA	AL EXAM:									
	WNL	Abnormal (see	notes below)			WNL	A	bnormal	(see note	s bel	ow)
Skin/Hair/Nails	}			Lungs							
Eyes/Vision				Abdomen							
Ear				Genitourina							
Mouth/Throat/T				Extremities							
Nose/Head/Nec	ek			Spine	,						
Heart				Neurologic	al						
ASSESSMENT	F/PLAN/FOLLO	W IJP									
TIBBLE BOTTELL	L/I LIII (/I OLLO	· · · · · · · · · · · · · · · · · · ·									
LABS ORDEREI	D: X INDICATES (ordered Blood Le	ad test (perforn	at 24 months)	TB skii	n test (i	if at risl	k) 🗆 Othe	er		
IMMUNIZATION	NS: X INDICATES	ordered \square Pt. Needs	s immunizatio	n today 🗆 De	layed/D	eferre	l 🗆 F	arent refu	uses 🗆 O	ther	
	reason 🗆 H	lad chicken pox 🗆 He	epA □ HepB	\square MMR \square	Varicell	la 🗆 l	DTaP	□ Hib		□ PCV	V
	☐ Influenza	□ Other									
REFERRALS:	X INDICATES RI	EFERRED CRS W	TIC ALTCS	$\Box PT \Box OT$	Aud	liology	$\Box S'$	$\Gamma \Box AzE$	EIP/DDD		
		ntal Behavioral									
								Sac A	dditional		

note $\Box Yes$ $\Box No$

Revised November 1, 2007

Clinician name (print)

Primary Care Provider PCP ph. # Health Plan Accompanied by (name) Relationship	3 Years	Old						AHC	CCS	EPS E	T Tr	acki	ing Fo	rm
Primary Care Provider PCP ph. # Health Plan Accompanied by (name) Relationship	1				1		1				1			ĺ
Primary Care Provider PCP ph. # Health Plan Accompanied by (name) Relationship	Date	Last Name			First Name			AHCCC	S ID#		D	OB		Age
PEDS		Eust I wille	ı		1 mgc rame	1	•		.5 12 "		,	O.D		1 -5
Description	Primary Care	Provider	PCP ph.	#	Health Plan	Acc	companie	l by (na	me)		Re	lation	ship	
OD OS OU	NICU:	PEDS	PEDS Pathway	: V	ision Chart Exam	1	Allergies	::		Temp	: Pu	ılse:	Resp:	B/I
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing/flossing (by parent) daily Dental appointment White spots on teeth] yes □ no	□ yes □ no	-					1	1				L	
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing/flossing (by parent) daily Dental appointment White spots on teeth			•	C	· •	□ no	Wt:	%	BM	[:	%	Ht	:	%
DENTAL SCREEN: Noticates Guidance Given: Brushing/flossing (by parent) daily Dental appointment White spots on teeth					Unable to perform									
Dental Screen: Indicates Guidance Given: Brushing/flossing (by parent) daily Dental appointment White spots on teeth				ications.										
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN:: Nutritionally balanced diet Junk food Soda/Juice Over weight Activity Supplements DEVELOPMENTAL SCREEN: SINDICATES ACCOMPLISHMENTS Uses imaginary characters Matches colors and shapes Counts to 5 Names self and others Knows gender Begins to play: games with simple rules/interactive games Other AGE APPROPRIATE EDUCATION AND GUIDANCE: INDICATES GUIDANCE GIVEN: Sport helmet use Drowning prevention Emergency 911 Sun safety Nutrition/exercise Toilet training Discipline/redirect Reading/preschool Car Safety/booster seat/5 pt harness Provide opportunities for pretend & fantasy/problem solving & choices/drawing & scribbling Establish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other BEHAVIORAL HEALTH SCREEN: INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: Family adjustment/parent responds positively to child Self calming "Monster" fear Frustration/hitting/biting/impulse control Communication/language Pediatric Symptom Checklist Has words for feelings Separates easily from parent Objects to major change in routine Shows interest in other children Feels competent Kind to animals Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	<u> PARENTA</u>	L CONCERNS/H	ustory:											
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN:: Nutritionally balanced diet Junk food Soda/Juice Over weight Activity Supplements														
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN:: Nutritionally balanced diet Junk food Soda/Juice Over weight Activity Supplements														
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN:: Nutritionally balanced diet Junk food Soda/Juice Over weight Activity Supplements														
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN:: Nutritionally balanced diet Junk food Soda/Juice Over weight Activity Supplements														
Over weight Activity Supplements	DENTAL S	SCREEN: X INDI	CATES GUIDANCE O	GIVEN:	Brushing/flossin	g (by parent) daily \square	Dental	appoii	ntment	□Wh	ite sp	ots on t	teeth
Over weight Activity Supplements	Nutritio	NAL SCREEN:	X INDICATES CHIL	ANCE GIV	EN: · Nutrition	ally balanc	ed diet □	Junk fo	od 🗆	Soda/I	nice			
DEVELOPMENTAL SCREEN: INDICATES ACCOMPLISHMENTS Uses imaginary characters Matches colors and shapes Counts to						any bulanc	- and	Join 10	.54 🗆	20GU/J	3100			
S Names self and others Knows gender Begins to play: games with simple rules/interactive games Other	_				SHMENTS Uses	imaginary	character	s \sqcap Ma	tches o	colors a	nd sha	pes [Coun	ts to
AGE APPROPRIATE EDUCATION AND GUIDANCE:: Noicates guidance given: Sport helmet use Drowning prevention Emergency 911 Sun safety Nutrition/exercise Toilet training Discipline/redirect Reading/preschool Car Safety/booster seat/5 pt harness Provide opportunities for pretend & fantasy/problem solving & choices/drawing & scribbling Establish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other Destablish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other Destablish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other Destablish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other Destablish routine for: bed/meals/toileting/impulse control Communication/language Pediatric Symptom Checklist Has words for feelings Separates easily from parent Objects to major change in routine Shows interest in other children Feels competent Kind to animals Other Destablish routine Shows interest in other children Feels competent Kind to animals Other Destablish routine Shows interest in other children Feels competent Kind to animals Other Destablish routine Shows interest in other children Shows interest in other children Feels competent Shows interest in other children Shows interest Shows interest														
□ Emergency 911 □ Sun safety □ Nutrition/exercise □ Toilet training □ Discipline/redirect □ Reading/preschool □ Car Safety/booster seat/5 pt harness □ Provide opportunities for pretend & fantasy/problem solving & choices/drawing & scribbling □ Establish routine for: bed/meals/toileting etc. □ Allow child to play independently/be available if child seeks you out □ Other BEHAVIORAL HEALTH SCREEN: ☑ INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: □ Family adjustment/parent responds positively to child □ Self calming □ "Monster" fear □ Frustration/hitting/biting/impulse control □ Communication/language □ Pediatric Symptom Checklist □ Has words for feelings □ Separates easily from parent □ Objects to major change in routine □ Shows interest in other children □ Feels competent □ Kind to animals □ Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below)	_												ention	
Safety/booster seat/5 pt harness Provide opportunities for pretend & fantasy/problem solving & choices/drawing & scribbling Establish routine for: bed/meals/toileting etc. Allow child to play independently/be available if child seeks you out Other BEHAVIORAL HEALTH SCREEN: Indicates Observed by CLINICIAN/PARENT REPORT: Family adjustment/parent responds positively to child Self calming "Monster" fear Frustration/hitting/biting/impulse control Communication/language Pediatric Symptom Checklist Has words for feelings Separates easily from parent Objects to major change in routine Shows interest in other children Feels competent Kind to animals Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological														
BEHAVIORAL HEALTH SCREEN: INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: Family adjustment/parent responds positively to child Self calming Monster" fear Frustration/hitting/biting/impulse control Communication/language Pediatric Symptom Checklist Has words for feelings Separates easily from parent Objects to major change in routine Shows interest in other children Feels competent Kind to animals Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below)	_	•	•			-	-			_	-			ıg
BEHAVIORAL HEALTH SCREEN: INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: Family adjustment/parent responds positively to child Self calming Monster" fear Frustration/hitting/biting/impulse control Communication/language Pediatric Symptom Checklist Has words for feelings Separates easily from parent Objects to major change in routine Shows interest in other children Feels competent Kind to animals Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below)														
Symptom Checklist	BEHAVIO	RAL HEALTH S	CREEN: X INDICA	TES OBSE	RVED BY CLINICIAN	/PARENT REP	ort: 🗆 Fai	nily adj	justme	nt/pare	nt resp	onds	positive	ely to
interest in other children	child \square S	elf calming "	Monster" fear	Frustra	tion/hitting/bitin	g/impulse	control 🗆	Comm	unicati	ion/lang	guage	□ Pe	diatric	-
COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	Symptom	Checklist \square Ha	s words for feel	ings 🗆 S	Separates easily f	from paren	t 🗆 Obje	cts to m	ajor cl	nange ii	n routii	ne 🗆	Shows	
WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	interest in	other children	☐ Feels compet	ent 🗆 K	Kind to animals	Other								
WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	COMPR	EHENSIVE PH	IYSICAL EXA	M:										
Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological					see notes below)			WN	L	Abnori	nal (se	e not	tes belo	w)
Eyes/Vision Abdomen Ear Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	Skin/Hair	/Nails		(,									,
Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	Eyes/Visi	on					ien							
Nose/Head/Neck Spine Heart Neurological	Ear					Genitor	urinary							
Heart Neurological	Mouth/Th	roat/Teeth				Extrem	ities							
	Nose/Hea	d/Neck												
A COPPOSITION AND A NUMBER OF A STATE OF A S	Heart					Neurol	ogical							
	ACCECCI	MENIT/DI ANI/I	EOL L OW LID											
	T 0													
	LABS OR	_		_					()					
LABS ORDERED: X INDICATES ORDERED Hgb/Hct Urinalysis TB skin test (if at risk)														
☐ Blood Lead Test (perform at 36 – 72 months if not already done) ☐ Other	IMMUNIZ					•	•							ison
□ Blood Lead Test (perform at 36 – 72 months if not already done) □ Other IMMUNIZATIONS: □ INDICATES ORDERED □ Pt. Needs immunization today □ Delayed/Deferred □ Parent Refuses □ Other reason			-	-	\Box HepB \Box M	$\square V$	aricella		P □	Hib	□ IPV	7	PCV	
□ Blood Lead Test (perform at 36 – 72 months if not already done) □ Other IMMUNIZATIONS:			fluenza \square Oth	er										
□ Blood Lead Test (perform at 36 – 72 months if not already done) □ Other IMMUNIZATIONS: □ INDICATES ORDERED □ Pt. Needs immunization today □ Delayed/Deferred □ Parent Refuses □ Other reason	REFERRA	LS: X IND	ICATES REFERRED	□ CRS	\square WIC \square DDD	□ ALTCS	$\Box \overline{\text{PT}} \Box$	$OT \square I$	Audiol	ogy 🗆	ST 🗆	Deve:	lopmen	tal
□ Blood Lead Test (perform at 36 – 72 months if not already done) □ Other IMMUNIZATIONS:														
□ Blood Lead Test (perform at 36 – 72 months if not already done) □ Other IMMUNIZATIONS: □ INDICATES ORDERED □ Pt. Needs immunization today □ Delayed/Deferred □ Parent Refuses □ Other reason □ Had chicken pox □ HepA □ HepB □ MMR □ Varicella □ DTaP □ Hib □ IPV □ PCV □ Influenza □ Other					•	•								
Blood Lead Test (perform at 36 – 72 months if not already done)										S	ee Addi	tional	Supervi	isory

note $\Box Yes$ $\Box No$

Clinician name (print)

4 Years	Old						AHC	CCS	EPSI	OT T	rack	ing Fo	rm
						1							
Date	Last Name			First Name			AHCCC	S ID#		I	OOB		Ag
Primary Care	Provider	PO	CP ph. #	Health Plan	Aco	companie	d by (nar	ne)		R	elatio	nship	
NICU: □ ves □ no	PEDS ☐ yes ☐ no	PEDS Pa	athway:	Vision Chart Exam OD OS	OU	Allergie	s:		Temp	e: Pu	ılse:	Resp:	B/I
·	ening Unable t	o perform			□ no	Wt:	%	BM	[:	%	Ht	: :	%
	efer Lt. □ pas			☐ Unable to perform									
	ppropriate 🗆 ye		Medicatio	ons:									
PARENTAL	CONCERNS/HIS	STORY:											
DENTAL S	SCREEN: X INDI	CATES GUII	DANCE GIVEN	: □ Brushing/flossing ((by parent) daily \square	Dental a	appoir	tment	\square W	hite sp	ots on te	eth
NUTRITIC	ONAL SCREEN:	X INDICATI	ES GUIDANCE	GIVEN: : Nutritional	lv balanc	ed diet 🗆	Junk fo	od 🗆	Soda/J	Juice			
	eight Activity				,								
				MPLISHMENTS: Sings	a song 🗆	Draws a	person w	ith 3	oarts 🗆	Gives	first/	last nam	e
				jects out loud (not alv	-		•	-					
				rules 🗆 Asks/answers									
\square Other	•		•				•						
AGE APPI	ROPRIATE EDUC	CATION A	ND GUIDAN	ICE: X INDICATES GUID	ANCE GIVE	n:□ Spo	rt helme	t use [Drow	ning p	reven	ition	
				ne Nutrition/exerci									
_	•	•		ıt/5 pt harness □ Provi			_	-			m sol	ving &	
choices/di	rawing & scribb	ling 🗆 E	stablish rou	tine for bed/meals/toi	leting etc	. 🗆 Allo	w child t	o play	indepe	endent	ly/be	available	e if
child seek	s you out 🗆 Otl	ner											
BEHAVIO	RAL HEALTH S	CREEN: X	INDICATES O	BSERVED BY CLINICIAN/PA	ARENT REP	ORT: \Box F	amily ad	ljustm	ent/par	ent res	spond	s positiv	ely
				nguage						rom pa	arent	☐ Feels	,
				ajor change in routine	☐ Has w	ords for	feelings	□ Oth	er				
COMPRI	<u>EHENSIVE PH</u>				_								
		WNL	Abnorma	al (see notes below)			WN	L	Abnor	mal (s	ee no	tes belov	w)
Skin/Hair					Lungs								
Eyes/Visi	on				Abdom								
Ear					Genitor	•							
	roat/Teeth				Extrem	ities							
Nose/Hea	d/Neck				Spine								
Heart					Neurol	ogical							
ASSESSN	MENT/PLAN/I	FOLLOW	<u> </u>										
LABS ORI			_	gb/Hct ☐ Urinalysis			f at risk)	□ Oth	er				
Ty co croping				m at 36 – 72 months if not			1/D - C	1 pr		C		v1	
IMMUNIZ				Needs immunization	•	•							
			•	epA □ HepB □ MM	ik ⊔V	aricella	⊔ DTaP	' ⊔ F	11b 🗌	IΡV	⊔ I	nfluenza	L
		CV 🗆 Oth											
REFERRA				S WIC DDD D					logy [Speed	ch		
	□ Dev	elopment	al 🗆 Behav	ioral 🗆 Dental 🗆 Hea	d Start	☐ Special	lty 🗆 Ot	ther					
									Saa	۰ نامانه	nal C.	marvisa-	7
									see <i>[</i>	Auu1110	mai St	pervisory	/

note $\Box Yes$ $\Box No$

Clinician name (print)

5 Years O	ld					A]	HCC	CS EP	SDT T	rackin	g F	orn	
ı			1			1			1	İ			
ate	Last Name		First Name	<u> </u>			AHCC	CS ID #	DOF	3	Age	e	
		ı	1						Í	ĺ	0		
rimary Care P	rovider	PCP ph. #	Health Plan A			ompanied	by (na	ame)	Rel	Relationship			
ICU:	PEDS	PEDS Pathway:	Vision Chart Exam			Allergies	:	Temp:	Pulse	: Res	sp: B/		
yes □ no	□ yes □ no		OD OS	OU									
earing Screeni	ng □ Unable to pe	rform	Corrected	yes □ no		Wt:	%	BM I:	%	Ht:	%	1	
t. □ pass □ ref	er Lt. 🗆 pass 🗆	refer	☐ Unable to perf	orm									
eech: age app	ropriate □ yes □	no Medicatio	ons:										
PARENTAL (CONCERNS/HIST	ORY:											
DEVELOPMI some letters group setting independent figure and for AGE APPRO ☐ Emergency readiness ☐ S	and phonic sound ¬ □ Runs/skips/ju ¬ □ Likes to sing ¬ lilows instruction ¬ PRIATE EDUCAT ¬ 911 □ Sun safe Set only 3-5 rules	X INDICATES ACCOMPLI ds □ Sorts and coun amps □ Begins to ag g/dance/act □ Know as □ Other HON AND GUIDANCE ety □ Safe at home □ a for your child □ Ca	ts up to 5 object ree with rules vs address Pla :X INDICATES GU Nutrition/exerc ar seat <40 lbs/b	Can butter ys board g DANCE GIV ise □ Streelt position	s penc on and games YEN: ceet sa oning l	cil	s with a hing in tes sto ike hel isciplinated the	scissors ndependn ry to adu met use ne/redire '9''/air b	□ Coope ttly □ Go lts □ Lis □ Drown ct □ Rea ags □ C	erates mooes to be stens to hing previous Dither	ore in athrough the authors when the aut	in com nority ion ool	
to child \square S	elf calming Co	EN:XINDICATES OBSE ommunication/langu- ositive about self &	age 🗆 Pediatric	Sympton	n Che	cklist 🗆 S	Shows	empathy					
	ENSIVE PHYS			stories of	COIIV	cinchec(i	<u> </u>	_ outer					
			see notes below)			WNL	Abn	ormal (s	ee notes	s bel	low)	
Skin/Hair/N	ails			Lung									
Eyes/Vision				Abdo									
Ear					tourin	•							
Mouth/Throa				Extre		S							
Nose/Head/N	Neck			Spine									
Heart				Neur	ologic	cal							
LABS ORDE		TES ORDERED □ Hgb/I□ Blood Lead Test		-	_	leted at 5 yo		□ TB ski	n test (if	at risk)			
IMMUNIZAT	IONS: X INDICA ☐ Had c	TESORDERED □ Pt. Ne hicken pox □ HepA	eeds immunizati A HepB M	on today MR 🗆 V	□ De Varice	elayed/De ella □ [ferred)TaP		☐ Influe				
REFERRALS		res referred CRS opmental Behavio				PT C	T 🗆 A	Audiolog	y 🗆 ST				
Date/Time	Clinician name (print)	Clir	ician Sign	ature			Se	e Addition note	nal Supeı □ Yes			

6 Years O	ld							AHC	CCS	EPSD	T Tra	cking Fo	orm
				I							Ī	ĺ	
Pate	Last Name			F	irst Name		AH	CCCS II	D #		DO	OB	Age
							1						
Primary Care	Provider		PCP ph. #	Н	ealth Plan	Ac	companie	d by (nar	me)		Relati	onship	
NICU:	PEDS	PEDS	Pathway:	Vision	Chart Ex	'am	Allergie	ç.		Temp:	Pulse:	Resp:	В/Р
yes □ no	□ yes □ no		i atiiway.	OD	OS	OU	Anergie	· · · · · · · · · · · · · · · · · · ·		remp.	I disc.	Resp.	
udiometry							Wt:	%	BM	[:	%	Ht:	%
WNL		Abnorn		Correcte	ed □ yes	□ no							
	propriate		Medica	tions:									
NUTRITION Over wei DEVELOPM Reading AGE APPRO Emergen School re Provide of BEHAVIOR to child F	CREEN: X INDICATE HAL SCREEN: X 19ht Activity IENTAL SCREE 10ht grade level Description 10ht properties of the control of the control f the control of the co	INDICAT Supple	es GUIDANCE lements CATES ACCOM ND GUIDAN Safe at Hon ing booster s interaction/in Indicates O rol Comm	GIVEN: : [PLISHMEN' CE:X INI ne Nutr seat <4'9 nvite frier BSERVED B nunicatio	Nutrition TS Language DICATES GU rition/exer "/air bags nds over to Y CLINICIAN n/language	guage is e DANCE GIV cise Day boa NPARENT R Has f	expressive TEN: Spreet safety and games EPORT: I	□ Junk in and und ort/bike in □ Discould dress up Family a Plays we	food derstan helme cipline p etc. djustr ell wi	Soda/ ndable et use //redirect Other nent/par th others	/Juice School Drownitt □ React React School	ng preven	tively
	en □ Feels cap HENSIVE PH			ll range o	of emotion	ıs □ Pedia	atric Sym _l	otom Ch	ecklis	t 🗆 Oth	er		
		WNL	Abnorma	l (see no	tes below)		W	NL	Abnor	mal (se	e notes be	elow)
Skin/Hair/N						Lung	S						
Eyes/Vision	1					Abdo							
Ear	· /TD - 11						tourinary						
Mouth/Thr							mities						
Nose/Head. Heart	Neck					Spine	e ological						
ASSESSM LABS ORDI IMMUNIZA REFERRAL	☐ Bloor reason	CATES ORI od Lead ' ICATES OR n □ Hac	UP DERED □ Hg Test (perform DERED □ Pt. d chicken poerred □ CR	n at 36 – 72 . Needs ir ox □ HepA	amonths if in munizati A □ HepE	not already on today MMR	□ Delay □ Vari	ed/Defe	rred DTaP	□ Parer	□ Influ		
MEFERNAL			al □ Behavi					⊔ O 1 ∟	_ Auu			tional Supe	ervisorv
Date/Time	Clinician nam	e (print)			Clir	nician Sign	ature					□Yes □N	

7 – 8 Yea	rs Old							AHC	CCS	EPS	DT T	rack	ing Fo	rm
1											1			
Date	Last Name			First Name			AHCCCS ID #				D	OB		Age
	1	1		1	1101110		-	1		1	-	02		
Primary Cai	e Provider	P	CP ph. #	Heal	th Plan	Acc	ompanied	by (nam	ie)		Re	lation	ship	
NICU:	PEDS	PEDS I	Pathway:	Vision C	hart Exan	n	Allergie	s:		Temp	: Pu	lse:	Resp:	B/I
□ no	□ yes □ no		•	OD	os	OU								
es				4			XX74.	%	BMI:	. [%	114.	Τ,	<u> </u> %
Audiometry WNL		Abnormal		Corrected	□ yes □ 1	 10	Wt:	%0	DIVII;	•	% 0	Ht:	`	% 0
	appropriate 🗆		Medicatio						J.					
_	L/PATIENT CO		_											
DEVELOP AGE APPI □ Emerge □ Belt po BEHAVIO	eight Activit MENTAL SCRE ROPRIATE EDU ncy 911 Sun sitioning boost RAL HEALTH S Frustration /in	EN: X INDICATION A safety er seat <4 CREEN: X	CATES ACCOM ND GUIDAN Safe at Hor '9''/air bags INDICATES O	NCE: X INDIO me Nutrit Bullyir OBSERVED BY	CATES GUIDA ion/exercis g Othe CLINICIAN/P	ANCE GIVEN SE Stree T ARENT REP	N: Sporet safety or Fan	t/bike he ☐ Discip	elmet u	ıse □ I Readi t/pareı	Orowni ng □ So nt respo	ng prochool	readine positive	ly
	EHENSIVE PI	HYSICAI	EXAM:											
COMIN		WNL		al (see note	es below)			WNI	LA	bnor	mal (se	e not	es belo	w)
Skin/Hair	/Nails			(Lungs								,
Eyes/Vision	on					Abdom	nen							
Ear						Genito								
	roat/Teeth					Extrem	ities							
Nose/Hea Heart	d/Neck	1				Spine Neurol	:1							
LABS ORI IMMUNIZ	ATIONS: X IN	RDICATES OF	RDERED H RDERED F MMR V FERRED C	Pt. Needs ir Varicella □	nmunizatio	on today fluenza	□ Del	ayed IPV		eferre er				
	□ De	evelopmer	ntal □ Beha		ental 🗆 S	pecialty					ee Addi		Supervi	sory
Date/Time	Clinician na	me (print)			Clinic	ian Signati	ure				note	∐Yes	\square No	

Date Last Name First Name AllCCCS ID # DOB Age	9 – 12 Ye	ars Old				A.	НССС	S EPSI	OT Track	king Fo	rm	
Primary Care Provider PCP ph. # Health Plan Accompanied by (name) Relationship Vision Chart Exam	Doto	Logt Name		First Name			AHCCCS ID #			A 70		
Vision Chart Exam	Date	Last Name		riist Name			icces ii	υ π	БОБ	DOB Age		
Vision Chart Exam												
Corrected yes no	Primary Car	re Provider PC	P ph. #	Health Plan		Acc	ompanie	d by (nam	ie)) Relationship		
Menarche LMP Wt: % BMI: % Ht: % Medications:	Vision Ch	art Exam	Audiometry	Menses		Allergies	5:	B/P:	Temp:	Pulse:	Resp	
Medications: PARENTAL/PATIENT CONCERNS: Barly Adolescent GAPS (begin at 10 years) Other	OD OS	OU Unable to perform	□ WNL □ Abnl	□ yes □ no								
HEALTH RISK ASSESSMENT: Early Adolescent GAPS (begin at 10 years) Other	Corrected	□ yes □ no	☐ Unable to perform	Menarche	LMP	Wt:	%	BMI:	%	Ht:	%	
HEALTH RISK ASSESSMENT: Early Adolescent GAPS (begin at 10 years) Other	Medications	:										
HEALTH RISK ASSESSMENT: Early Adolescent GAPS (begin at 10 years) Other	PARENTAL/	PATIENT CONCERNS:										
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing 2x /Flossing daily Dental appointment White spots on teeth												
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing 2x /Flossing daily Dental appointment White spots on teeth												
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing 2x /Flossing daily Dental appointment White spots on teeth												
DENTAL SCREEN: INDICATES GUIDANCE GIVEN: Brushing 2x /Flossing daily Dental appointment White spots on teeth												
NUTRITIONAL SCREEN: INDICATES GUIDANCE GIVEN: : Nutritionally balanced diet Junk food Soda/Juice												
Over weight □ Activity □ Supplements DEVELOPMENTAL SCREEN: □ INDICATES ACCOMPLISHMENTS: Early adolescence: □ School attendance □ Reading at grade level □ Dating □ Sexuality/orientation □ Other AGE APPROPRIATE EDUCATION AND GUIDANCE: □ INDICATES GUIDANCE GIVEN: □ Sports/injury prevention □ Drowning/sun safety □ Nutrition/exercise □ Safe at Home □ Seat belt/air bags □ Sex education/STI □ Peer refusal skills □ Violence prevention/gun safety □ Depression/anxiety □ Tobacco/alcohol/drugs/Rx drugs/inhalants □ Education goals/activities □ Social interaction □ Risks of tattoos/ piercing □ After school activities/supervision □ Bullying □ Self control □ Other Behavioral Health Screen: □ Indicates Observed by CLINICIAN/PARENT REPORT □ Comfortable body image □ Other COMPREHENSIVE PHYSICAL EXAM: Volume										on teeth		
DEVELOPMENTAL SCREEN: INDICATES ACCOMPLISHMENTS: Early adolescence: School attendance Reading at grade level Dating Sexuality/orientation Other				utritionally ba	llanced (diet □ Ju	nk food	□ Soda/	Juice			
Dating □ Sexuality/orientation □ Other AGE APPROPRIATE EDUCATION AND GUIDANCE: Indicates Guidance Given: □ Sports/injury prevention □ Drowning/sun safety □ Nutrition/exercise □ Safe at Home □ Seat belt/air bags □ Sex education/STI □ Peer refusal skills □ Violence prevention/gun safety □ Depression/anxiety □ Tobacco/alcohol/drugs/Rx drugs/inhalants □ Education goals/activities □ Social interaction □ Risks of tattoos/ piercing □ After school activities/supervision □ Bullying □ Self control □ Other Behavioral Health Screen: Indicates Observed by CLINICIAN/PARENT REPORT □ Comfortable body image □ Other COMPREHENSIVE PHYSICAL EXAM:				F 1 11			1		1	1 1 1		
AGE APPROPRIATE EDUCATION AND GUIDANCE: X INDICATES GUIDANCE GIVEN: Sports/injury prevention Drowning/sun safety Nutrition/exercise Safe at Home Seat belt/air bags Sex education/STI Peer refusal skills Violence prevention/gun safety Depression/anxiety Tobacco/alcohol/drugs/Rx drugs/inhalants Education goals/activities Social interaction Risks of tattoos/ piercing After school activities/supervision Bullying Self control Other Behavioral Health Screen: XINDICATES OBSERVED BY CLINICIAN/PARENT REPORT Comfortable body image Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Tanner stage Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological Neurological				Early adoles	cence:	□ School	attenda	nce ⊔ Rea	adıng at gra	ide level		
Nutrition/exercise Safe at Home Seat belt/air bags Sex education/STI Peer refusal skills Violence prevention/gun safety Depression/anxiety Tobacco/alcohol/drugs/Rx drugs/inhalants Education goals/activities Social interaction Risks of tattoos/ piercing After school activities/supervision Bullying Self control Other Behavioral Health Screen: Indicates Observed by Clinician/Parent report Comfortable body image Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below)					~******	Cmontal		arrantian	□ Descripio	a/aum aaf		
safety Depression/anxiety Tobacco/alcohol/drugs/Rx drugs/inhalants Education goals/activities Social interaction Risks of tattoos/ piercing After school activities/supervision Bullying Self control Other Behavioral Health Screen: Indicates Observed by CLINICIAN/PARENT REPORT Comfortable body image Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below)												
Risks of tattoos/piercing □ After school activities/supervision □ Bullying □ Self control □ Other Behavioral Health Screen: 図INDICATES OBSERVED BY CLINICIAN/PARENT REPORT □ Comfortable body image □ Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Tanner stage Houth/Throat/Teeth Nose/Head/Neck Spine Heart Neurological Neurolog			_						-	_	L	
Behavioral Health Screen: X INDICATES OBSERVED BY CLINICIAN/PARENT REPORT □ Comfortable body image □ Other COMPREHENSIVE PHYSICAL EXAM: WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Lungs Eyes/Vision Abdomen Genitourinary Ear Genitourinary Tanner stage Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological									Boeiur inte	ruction		
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Skin/Hair/Nails Lungs Eyes/Vision Abdomen Ear Genitourinary Tanner stage Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	COMPRE	HENSIVE PHYSICAL	EXAM:									
Eyes/Vision Ear Genitourinary Tanner stage Mouth/Throat/Teeth Nose/Head/Neck Heart Abdomen Genitourinary Tanner stage Extremities Number Spine Neurological				below)			WNL	Abnoi	rmal (see n	otes belo	w)	
Eyes/Vision Abdomen Ear Genitourinary Tanner stage Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	Skin/Hair/N	ails	,	Lu	ngs				•			
Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Heart Neurological	Eyes/Vision											
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Nose/Head/Neck Spine Heart Neurological												
Heart Neurological						S						
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ASSESSMENT/PLAN/FOLLOW UP	Heart			Ne	eurologi	cai						
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	I ADS ODDE	DED. V DIDIGATES ODDA	enen □ Hab/Hat □	□ I Irinolycia	□ I inid	l Drofilo	TD alsie	tost (if -	:-1-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
LARS ORDERED: Why recovering appropriate the Motor of the Control				•					risk) 🗆 Oui	ier		
LABS ORDERED: X INDICATES ORDERED	IMMUNIZAT	_			•	•						
IMMUNIZATIONS: X INDICATES ORDERED □ Pt. Needs immunization today □ Delayed □ Deferred		-					V (11-	12 years)	☐ Hepatitis	$A \square MN$	1R	
IMMUNIZATIONS: X INDICATES ORDERED	_		•									
IMMUNIZATIONS: X INDICATES ORDERED Pt. Needs immunization today Delayed Deferred Tdap (11 - 12 years only) Meningococcal (11 - 12 years only) HPV (11 - 12 years) Hepatitis A MMR Varicella Hepatitis B Td Influenza IPV Other	REFERRALS					PT 🗆 O	T 🗆 Au	diology [Speech			
IMMUNIZATIONS: X INDICATES ORDERED □ Pt. Needs immunization today □ Delayed □ Deferred □ Tdap (11 - 12 years only) □ Meningococcal (11 - 12 years only) □ HPV (11 - 12 years) □ Hepatitis A □ MMR □ Varicella □ Hepatitis B □ Td □ Influenza □ IPV □ Other REFERRALS: X INDICATES REFERRED □ CRS □ WIC □ DDD □ ALTCS □ PT □ OT □ Audiology □ Speech		☐ Developmenta	al 🗆 Behavioral 🗆 Der	ntal Speci	alty							
IMMUNIZATIONS: X INDICATES ORDERED Pt. Needs immunization today Delayed Deferred Tdap (11 - 12 years only) Meningococcal (11 - 12 years only) HPV (11 - 12 years) Hepatitis A MMR Varicella Hepatitis B Td Influenza IPV Other									C A 11'.'	1 C-		
IMMUNIZATIONS: X INDICATES ORDERED □ Pt. Needs immunization today □ Delayed □ Deferred □ Tdap (11 - 12 years only) □ Meningococcal (11 - 12 years only) □ HPV (11 - 12 years) □ Hepatitis A □ MMR □ Varicella □ Hepatitis B □ Td □ Influenza □ IPV □ Other REFERRALS: X INDICATES REFERRED □ CRS □ WIC □ DDD □ ALTCS □ PT □ OT □ Audiology □ Speech □ Developmental □ Behavioral □ Dental □ Specialty	Date/Time	Clinician name (print)		Clinician S	ignature			;		_	іѕогу	
IMMUNIZATIONS:		(P)			0							

13 – 17 Y	ears (Old					AH	CCC	S EPSE	T Trac	king F	orm
Date	Las	t Name			First Name		AHC	DOB	A	Age		
Primary Ca	are Provi	der	PCP ph. #		Health Plan		Accon	npanie	d by (nam	y (name) Relations B/P Temp: Pulse BMI: % Ht:		ip
Vision Cl	hart Exa	ım	Audiome	try	Menses	nses Allergies:			B/P	Temp:	Pulse:	Re
OD OS	OU	Unable to perform	□ WNL	☐ Abnl	□ yes □ no							
Corrected	□ yes	□ по	☐ Unable to	perform	Menarche	LMP	Wt:	%	BMI:	%	Ht:	%
Medication	s:		1			•	1	1	1		·	
HEALTH R	ISK ASS	ESSMENT: 🗆 I	HEADDSS □ G	APS 🗆 Ot	ther							
DENTAL S	CREENIN	NG:X INDICATES	GUIDANCE GIVEN	: Brushin	g 2x /Flossin	g daily 🗆 I	Dental app	pointm	ent 🗆 W	White spot	s on teetl	h
			TES GUIDANCE GIV	ven∷ □ Nut	ritionally bal	anced diet	□ Junk fo	ood 🗆	Soda/Jui	ce		
		ctivity Sup				_ ~						
								endanc	e 🗆 Readi	ing at grad	le level	
			☐ Risk taking (, ,	
										_		ty
					ating \square Kisk	s or tattoos	/ piercing	; ⊔ AV	anaomiy	or ramny	pianning	3
			Supervision □ XINDICATES OBSI		INICIAN/PAREN'	REPORT:	Comfort	able bo	odv image	e 🗆 Other		
COMPRE	HENSI	VE PHYSICA		goo motog h	olow)		137	NIT	A huauma	ol (goo pot	tog bolov)
Skin/Hair/I	Maile	WNL	Abnormal (s	see notes b		ac.	VV.	NL A	ADHOFINA	ii (see noi	les belov	v)
Eyes/Visio					Lur	lomen						
Ear	11					nitourinary						
Lai						ner stage						
Mouth/Thr	oat/Teet	h				remities						
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Heart						ırological						
							!					
ASSESSM	IENT/P	LAN & FOLL	<u>.OW UP</u>									
LABS ORD	ERED:	X INDICATES O	RDERED Hob/	Het □ U/A	A (preferred at	16 yrs) 🗆 I	inid Prof	ile □ 1	ΓR skin te	est (if at ris	k) □ Otl	ner
IMMUNIZA			ordered \square Pt. N									
	2= 10 •	☐ MMR □ V	⁷ aricella □ Hepa	atitis B 🗆 🗆	Γdap 🗆 Influ	enza 🗆 Me	ningococ	cal 🗆 I	HPV □ I	PV 🗆 Td		·
REFERRAL	LS:	X INDICATES R	REFERRED CR	$S \square \overline{WIC}$	\square $\overline{\mathrm{DDD}}$ \square $\overline{\mathrm{Al}}$	LTCS 🗆 PT	$\Box TO \Box$	Audi	ology 🗆 S	Speech		
		_	ental Behavio							-		
		•			•							
									See	Additional	Supervis	ory
Date/Time	Clinic	cian name (print))		Clinician Sig	nature				ote \(\subseteq \text{Yes} \)		-

Revised November 1, 2007

18 –	21 Y	ears	Old						AHC	CCS	EPSDT	Γ Track	king For	rm	
Date		Lac	st Name			First Name			AHC	AHCCCS ID #			Age	α .	
Dutt		Dan				I II St I Val	IIIC					DOB	-1-S'	•	
				.		** 1.1 P						, <u> </u>			
Prima	ary Ca	re Prov	nder PCI	P ph. #		Health P	lan		Accom	ipanied	by (name	e) Rei	lationship		
Visi	on Ch	art Ex	am	Audiome	etry	Men	ises	Allergies:			B/P	Temp:	Pulse:	Resp:	
OD	os	OU	☐ Unable to perform	□WNL	□ Abn	l □ yes	□ no								
Correc	cted	□ yes	□ no	☐ Unable	to perform	Mena	rche	LMP	Wt:	%	BMI:	%	Ht:	%	
Medio	cations	S:							ı						
Patie	nt Co	ncerns	/History:												
HEAI	TH R	ISK AS	SESSMENT:X INDI	CATES ASSESS	MENT USE	D : □ HE	ADDSS	S □ GAPS	☐ Other						
DENT	AL SO	CREENI	NG: X INDICATES G	UIDANCE GIVI	EN: 🗆 Br	ushing 2x	x /Floss	ing daily 🗆	Dental a	ppoint	ment \square	White sp	ots on tee	eth	
DENTAL SCREENING: X INDICATES GUIDANCE GIVEN: ☐ Brushing 2x /Flossing daily ☐ Dental appointment ☐ White spots on teeth NUTRITIONAL SCREEN: X INDICATES GUIDANCE GIVEN: ☐ Nutritionally balanced diet ☐ Junk food ☐ Soda/Juice ☐ Over weight ☐ Activity ☐ Supplements															
		_			PLISHMEN	rs: Late A	Adolesc	ence: 🗆 Ab	stract thi	nking	□ School	attendan	ce		
DEVELOPMENTAL SCREEN: XINDICATES ACCOMPLISHMENTS: Late Adolescence: ☐ Abstract thinking ☐ School attendance ☐ Sexuality/orientation ☐ Other															
AGE APPROPRIATE EDUCATION AND GUIDANCE: X INDICATES GUIDANCE GIVEN: ☐ Sports/injury prevention ☐ Athletic activities															
□ Drowning/sun safety □ Nutrition/exercise □ Safe at Home □ Seat belt/air bags □ Sex education/STD/resources □ Self control													ol		
□ Peer refusal skills □ Violence prevention/gun safety □ Depression/anxiety □ Tobacco/alcohol/drugs/Rx drugs/inhalants □ Education goals/activities □ Social interaction/dating □ Parenting advice (as appropriate) □ Future oriented □ Risks of tattoos/												1			
		_	bility of family pla		_		_			uture	oriented	L KISKS (51 tatt00s/		
			ALTH SCREEN: X							hical/i	dealistic	□ Comfo	rtable boo	dy	
			intimate, complex						1						
COM	IPRE	HENS	IVE PHYSICAL	EXAM:											
			WNL	Abnormal	(see not	es below))		W	'NL	Abnorm	al (see no	otes belov	w)	
Skin/	Hair/N	Vails				ĺ	Lu	ngs				Ì			
Eyes/	Visio	n						domen							
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Mout	h/Thr	oat/Tee	ath					ner stage remities							
		/Neck	tui e				Spi								
Heart		TYCCK						urological							
		ENT/F	PLAN/FOLLOW	<u>UP</u>			110	arorogicar							
LARC	Opp	ERED:	V		/Hat 🗆	I Ini. a 1	:. ¬ T	inid Dec Cit	, _ mn 1	-in 4	. /: 6	□ O41			
			X INDICATES ORDI												
IMMU	J NIZA '	TIONS:	□ Varicella □ I	Hepatitis B	□ Tdap	☐ Influen	nza 🗆 N	Ieningococ	cal 🗆 HP	V 🗆 II	PV 🗆 Td	Other	A □ MI	MR 	
REFE	RRAL	s:	X INDICATES REFE							Audio	logy □ Sp	eech 🗆			
			Developmental	☐ Behavior	al 🗆 De	ntal 🗆 Ol	B/Gyn	□ Specialty	7						
											C ~ ~	Addition	al Cunomi	ory.	
Date/7	Гіте	Clin	ician name (print)			Clin	nician Si	gnature	See Additional Supervisory note □Yes □No						